

Louisiana Medicaid Crofelemer (Mytesi™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for crofelemer (Mytesi™).

Additional Point-of-Sale edits may apply.

Approval Criteria

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has non-infectious diarrhea with a diagnosis of HIV/AIDS (ICD-10-CM diagnosis code B20); **AND**
- The following is true and is **stated on the request**: The recipient has a history of diarrhea for at least one month despite regular use of loperamide; **AND**
- The recipient is on antiretroviral therapy, which is **stated on the request**; **AND**
- The quantity does not exceed 60 tablets per 30 days; **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - Infectious etiologies have been ruled out to reduce risk of inappropriate therapy and worsening of disease; **AND**
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication.

Duration of initial approval: 6 months

Reauthorization Criteria

- The recipient continues to meet all initial approval criteria; **AND**
- The prescriber **states on the request** that there is evidence of a positive response to treatment.

Duration of reauthorization approval: 12 months

Reference

Mytesi (crofelemer) [package insert]. San Francisco, CA: Napo Pharmaceuticals; February 2018.
https://mytesi.com/wp-content/uploads/2018/10/Mytesi_Prescribing_Information_02_2018_NP-367-1.pdf

Revision	Date
Policy created.	January 2020
Policy implemented.	May 2020